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08/984,363 TULE OF INVENTION			JEFFREYS MAILLOUX MASYNCHRONOU TRY FOR BURST	JSLY-AC	CESSIE		
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CFB 1.363). Change of coarespanders form PTO/S Tee Address in PTO/S Tee Address in PTO/SB/47; Rev 03-4 Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	ND RESIDENCE DATA less an assignee is identi th in 37 CFR 3.11. Comp GNEE	nge of Correspondence Indication form ed, Use of a Customer TO BE PRINTED ON fled below, no assigner letion of this form is NO	2. For printing on the proof of agents OR, alternative (2) the sames of a single registered attorney or a 2 registered attorney or a 2 registered patent altoo lissed, no name will be a take will appear on the part of the p	3 registered parely, 1 firm thaving a gent) and the n meys or agents, printed. (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nem attorns is a membe ames of up If no name	ra 2 & WO⊖1 to this 3	gman, Lundberg
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